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November 12, 2008

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBJECT: Applicant: Drew et al.
Application No: 10/591,729
Filed: September 12, 2007
For: Interlocking Separable Joint
Docket No: DELTA-102J

Dear Sir:

Enclosed are two (2) Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address forms (Forms PTO/SB/82) to be filed in the subject application.

If for any reason these Revocations of Power of Attorney with new Power Of Attorney and Change of Correspondence Address are found to be INCOMPLETE, or if at any time it appears that a TELEPHONE CONFERENCE with counsel would help advance prosecution, please telephone the undersigned or his associates, collect in Waltham, Massachusetts at (781) 890-5678.

If any payment during prosecution is found to be incorrect, please charge any deficiency or credit any overpayment to my Deposit Account No. 09-0002. A copy of this letter is enclosed for use by the Finance Branch in the event that it is necessary to make any charge or credit to my deposit account.

In addition, pursuant to Rule 1.136(a)(3), the Office is hereby authorized to treat any future reply requiring an extension of time as incorporating a request therefor. Also, any request or Petition for an Extension of Time notwithstanding an inadvertent reference in the Petition to a shorter period of time is to be treated as requesting the appropriate length of time.

Kindly acknowledge receipt of the foregoing by returning the enclosed self-addressed postcard.

Sincerely,

Joseph S. Iandiorio

Reg. No. 23,095

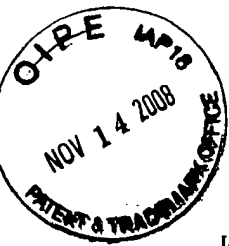
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Enclosures

CERTIFICATE OF MAILING

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Donna M. Gregoire



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Doc Code: **DELTA-102J**

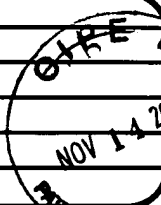
PTO/SB/82 (01-06)

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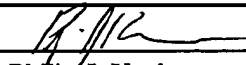
REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/591,729
	Filing Date	9/12/07
	First Named Inventor	Errol Drew
	Art Unit	3635
	Examiner Name	
	Attorney Docket Number	DELTA-102J

**I hereby revoke all previous powers of attorney given in the above-identified application:**☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 32488☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:32488**OR**

<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		ZIP	
Country					
Telephone		Email			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71
*Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Philip J. Karl		
Date	10/06/08	Telephone	401 225 0058

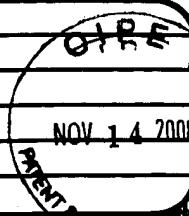
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/591,729
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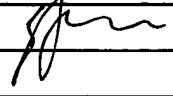
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		ZIP
Country				
Telephone		Email		

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SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Errol Drew		
Date	6 Oct 2008	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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